

**APPLICATION FOR CERTIFICATE OF COMPLIANCE  
FOR MANUFACTURER, WHOLESALER, IMPORTER OR  
DISTRIBUTOR OF FIREWORKS (IC 22-11-14-5)**

**INSTRUCTIONS: PLEASE TYPE OR PRINT INFORMATION**

**1. NAME OF APPLICANT:** \_\_\_\_\_

**2. MAILING ADDRESS: Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**3. APPLICANT CONTACT NAME, PHONE NUMBER AND E-MAIL  
ADDRESS (PERMIT MAY BE E-MAILED):**

\_\_\_\_\_

**4. DATE OF APPLICATION** \_\_\_\_\_

**5. APPLICANT IS (CHECK ALL APPLICABLE CATEGORIES):**

- ☐ MANUFACTURER
- ☐ WHOLESALER
- ☐ IMPORTER
- ☐ DISTRIBUTOR

**6. ATTACHED HERETO IS A COMPLETE DESCRIPTION OF EACH  
FIREWORK ITEM PROPOSED TO BE SHIPPED INTO INDIANA. EACH  
FIREWORK ITEM IS MANUFACTURED IN ACCORDANCE WITH IC 22-11-  
14-1**

**7. \$1,000 FEE ENCLOSED**

**UNDER PENALTY OF PERJURY, THE UNDERSIGNED HEREBY CERTIFIES  
THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT:**

\_\_\_\_\_  
SIGNATURE OF APPLICANT